notes on The DSS Criteria for the diagnosis of asbestos-related disease

If a worker is disabled and suffering as a result of his exposure to asbestos dust, it is not enough to demonstrate some of the symptoms of an asbestos-related illness. The victim has to fit into one of the four following categories in order to qualify for Industrial Disability Benefit.

*Pneumoconiosis:*

This is an umbrella term covering a group of dust-associated diseases of the lung, including asbestosis. Asbestosis is characterised by fibrosis of the lung, caused by inhalation of dust. It is not enough for an X-ray to demonstrate that your lungs are full of asbestos dust, even though it is a known carginogen (i.e it causes cancer). It is not enough to have pleural changes, which are indicative of heavy asbestos exposure and are in themselves disabling. The DSS insist on fibrosis being visible on an X-ray - even though such pulmonary changes take years to manifest themselves - years in which a victim experiences much pain and suffering. Quite often fibrosis is not identified by the DSS as their medical board only provides chest X-rays. A high quality CT scan can show what an X-ray has missed (unfortunately you have to fight for a CT scan). It is also common for fibrosis not to be identified until after death; this is because the pleural changes which the DSS dismisses in life can prevent the fibrosis of the lung being identified on an X-ray.

Before a diagnosis of asbestosis can be made, a victim should also possess 'crackles' in his lungs, as well as demonstrating a loss of lung function by going through a series of demanding breathing tests. Theoretically crackles need not be heard for a diagnosis; but you find that each symptom is needed.

*Bilateral Diffuse Pleural Thickening:*

The relationship between asbestos exposure and pleural thickening and pleural plaques has been well documented. The DSS admits this, but will not accept that this condition is disabling unless the victim satisfies every single aspect of the above

description. It is not enough if a victim has bilateral pleural thickening, for then it is not 'diffuse'. The term 'diffuse' just means "a lot'. So to describe something as 'diffuse', it might be fair to say, is a subjective thing; one person's 'diffuse' is another person's 'minimal'. Equally, it is not enough to have diffuse pleural thickening, for then it is not 'bilateral'; you have to have it in both lungs. Unfortunately the DSS sticks mindlessly to this static criteria, refusing to take into consideration what suffering or disablement that the victim of these pleural changes actually experiences. As this condition is progressive, a victim may satisfy this criteria in the very late stages. S/he then has to prove that s/he suffers from at least 14% disablement before he is entitled to receive any benefit.

*Diffuse Mesothelioma:*

This is a supposedly rare cancer which affects the lining of the lung (pleura) or stomach (peritoneum). It is estimated that at least 90% of all cases are directly due to exposure to asbestos. This is notoriously difficult to diagnose, and it is not helped by the DSS medical authorities' dismissal of pleural changes, which can sometimes be a pre-cursor to mesothelioma. A significant number of mesotheliomas are not diagnosed until after death, indicating the need for greater recognition of this disease and its prevalence amongst asbestos workers.

*Lung Cancer:*

Despite the fact that asbestos is a known carcinogenic substance, the DSS only accepts lung cancer as a prescribed asbestos-related disease if you also present with asbestosis or bilateral diffuse pleural thickening. It does not mattter if you have never smoked and that you have worked with asbestos all your life. It does not matter that 1/5 of all asbestos workers die of lung cancer. Again the victim must prove that he has *another* prescribed disease, as outlined above. Again this is commonly not demonstrated untill after the victims death.

This just demonstrates the DSS is not concerned with individual illnesses or experiences - it is more a case of diagnosis by boxes. If you do not fit exactly into their static criteria then 'you haven't got it'. This is despite the fact that many victims suffer from unbearable pain and are significantly disabled. There is no cure for any of the above diseases, so that victims can only look forward to a slow deterioration and death. It is then left to the widow to 'prove' what should have been acknowledged in life.

An added difficulty to succeeding in a claim is that a victim must have worked in a 'prescribed industry'. Thus if you satisfy the above conditions, but worked as say a cleaner or bus-driver, then your claim will be disallowed.

If, against all odds, a victim succeeds in his claim for Industrial Benefit, s/he will be assessed as to what percentage he is disabled. The majority of victims are told that they are only 10% disabled, and are thus awarded the grand sum of £8.84 per week. After a couple of years the victim may be reassessed at being 20% disabled, thus receiving £17.68 per week. If, as is common, the victim is on income support, the disability allowance will affect his entitlement to benefit.

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*note on biopsies*:
80% of all asbestos cancers are lung cancers and as far as we know in 99% of cases that fifth victim out of the five (i.e. mesothelioma) has had his/her lung drained. Metastasis occurs upon the needle's extraction. Mesothelioma comes through the pleura (the membranes). This is one reason why Dr Butchard's lung removal method is successful, by going in through the shoulder he avoids tampering with the pleura and therefore makes it less likely that the contaminated needle will do damage. Contaminated needles are sterilised but asbestos thrives and is stimulated in water, and is resistant to the sterilisation process. Early diagnosis could help Dr Butchard help the victims.